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The following restrictions are being placed at domestic ports upon vessels arriving from Habana: 1. The vessels are subjected to careful inspection, the temperatures of passengers are taken, and if the vessel has been fumigated at the port of departure and this fact duly certified, and if it is also certified that no passengers are on board from an infected district and there is no other quarantine reason for detention, said vessels are passed. On the other hand, signs of rats being on board, or the presence of suspicious illness or fever in passengers or members of crew concerning which the quarantine officer is in doubt, or the presence on board of persons from infected districts who have not passed the period of incubation of plague are any one or all causes for the quarantining of the vessel and the enforcement of sufficient measures to insure full compliance with the quarantine regulations.

RABIES IN THE UNITED STATES DURING THE YEAR 1911.

By A. M. Stimson, Passed Assistant Surgeon, Public Health and Marine-Hospital Service.

In 1909 there were published, by direction of the Surgeon General, the results of an investigation into the prevalence of rabies throughout the country during the year 1908.[1] The methods employed in this investigation, while probably the best available, were admittedly imperfect, inasmuch as they could not be expected to discover all cases of the disease; but every effort was made to have the results reliable and accurate so far as they went.

The present article embodies the results of a similar investigation for the year 1911, carried out in much the same manner as the preceding one and subject to the same limitations. The sources of information have been the Bureau of the Census, the Bureau of Animal Industry, State and territorial boards of health, local health authorities, Pasteur institutes, and agricultural and veterinary establishments. Press notices have been of value in directing attention to some cases, but have not been accepted as final evidence in any case.

In interpreting the figures of the table it must be borne in mind that the results are not in all cases complete and comparable among the different States. While the authorities have in nearly every instance responded graciously to requests for information, it has happened occasionally that they were unable, for some good reason, to furnish complete data.

By a system of painstaking checking, duplication of the data received from various sources has been eliminated. The deaths in man have been subjected to particularly searching scrutiny to determine their authenticity and to avoid repetition. Under the heading of "Infected localities" are included villages, towns, and municipalities where rabies has been reported by health or veterinary authorities and where persons have been so exposed to infection as to necessitate their taking the antirabic inoculations. Under the heading of persons treated, are included those who were reported on good authority to have taken antirabic inoculations for the prevention of rabies, but the figures are believed to be considerably short of the actual number who did so. Such an underestimate is certainly true in the case of the rabid animals reported, as it is a hopeless task to collect complete data on this subject, even in municipalities having the most rigid and best enforced regulations in this direction.

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[1] Kerr, J. W., and Stimson, A. M.: The prevalence of rabies in the United States. Public Health Bulletin 29.

State.	Deaths in man.		Infected localities.		Persons treated, 1911.	Rabid animals, 1911.
	1911	1908	1911	1908		
Alabama	4	1	[1] 47	13	281	154
Arizona		1	1	1	1	
Arkansas		1	18	5	29	9
California	3		49		124	310
Colorado			10	1	10	16
Connecticut		1	11	7	8	19
Delaware			15	5	22	17
District of Columbia	1		1	1	41	72
Florida	4		36	11	128	106
Georgia	2	3	[2] 4	17	457	[2] 11
Idaho						
Illinois	8	2	35	18	292	265
Indiana	4	5	62	57	104	119
Iowa	1	1	29	5	92	35
Kansas		2	86	4	175	80
Kentucky	2	1	14	7	24	27
Louisiana	3	4	61	3	233	19
Maine						
Maryland	3	6	59	12	122	52
Massachusetts	1	5	45	9	27	139
Michigan	3	3	46	11	58	70
Minnesota		2	31	18	117	60
Mississippi		1	34	10	51	11
Missouri	6	8	52	9	187	102
Montana						
Nebraska		1		5		
Nevada						
New Hampshire	1	2	3	7	2	
New Jersey	13	11	68	41	189	77
New York	13	19	[2] 38	52	899	488
New Mexico						
North Carolina	1		96	19	166	101
North Dakota			12	2	15	22
Ohio	8	4	91	32	275	295
Oklahoma	1	3	51	6	106	58
Oregon			3		1	11
Pennsylvania	10	14	[1] 52	25	[2] 46	347
Rhode Island		1	4	10	5	5
South Carolina	1	1	[1] 32	5	114	63
South Dakota	1		7	2	14	11
Tennessee		1	16	7	13	17
Texas	2	3	(2)	15	(2)	(2)
Utah						
Vermont				1		
Virginia		1	48	37	54	55
Washington			7		2	22
West Virginia			21	2	30	7
Wisconsin	2	3	83	42	112	114
Wyoming			3		4	7
Total	98	111	1,381	534	4,625	3,393

[1] Counties.

[2] Incomplete.

The most striking feature of the figures shown in this table is the spread of rabies to the Pacific Coast States, which were apparently entirely free from the disease at the time of the former investigation. Another feature of interest is the greatly increased number of localities from which the disease, in man or animals, was reported. The most obvious explanation of these figures is that there has actually been a generalized spread of the disease to territory previously uninfected.

While this is undoubtedly true, and is in fact the conclusion reached by those who have been observing the disease for some years, we can not assume that this spread has been proportional to the figures shown. Increased activities of health authorities and greatly extended facilities for the administration of protective treatment, have undoubtedly brought to light many cases of animal infection which formerly would have escaped record. In contrast with the increased distribution in the lower animals there has been a diminution in the number of human deaths, amounting to nearly 12 per cent. While this decrease may possibly be attributable to chance, there is another element which must be given due consideration—the much more widespread resort to antirabic inoculations of exposed persons.

In 1908 there were 23 institutions in the country where this treatment was administered; at present there are at least 42 such institutions or their equivalent. In addition, there are 5 firms and public laboratories that furnish material for inoculations to practicing physicians, the business of these establishments having been established or their greatest activity having been developed within the last three years. The distribution of virus from the Hygienic Laboratory amounted to 443 treatments in 1908 and 942 in 1911. The number of persons known to have taken treatment in 1908 was about 1,500, while the table shows 4,625 for 1911. The decrease in the number of human deaths, coincident with an increase on the number of antirabic inoculations, at least effectually disposes of the claim still advanced occasionally by opponents of the Pasteur method that this treatment causes rather than prevents rabies.

Analysis of fatal cases in man.

Distribution as to age (data given in 94 cases):

Age, years—	Cases.
1 to 10	44
11 to 20	15
21 to 30	8
31 to 40	9
41 to 50	8
51 to 60	2
61 to 70	5
71 to 80	2
81 to 90	1
Total	94

Period of incubation (in 65 cases):

Period—	
10 to 20 days	11
21 to 30 days	19
31 to 40 days	9
41 to 60 days	8
Over 2 months but less than 4 months	10
4 to 6 months	3
6 to 12 months	2
Over 12 months	3
Total	65

The average incubation period of all cases, excluding those over 1 year, was 49.25 days.

	Cases.
Time of the year at which infection was received (in 64 cases):	
January	3
February	4
March	3
April	4
May	8
June	4
July	5
August	13
September	4
October	3
November	7
December	6
Data regarding antirabic treatment (in 64 cases):	
Took presumably complete course	16
Partial treatment, died during it	8
No treatment	40

If the number of treated persons were in the same proportion in the cases for which the data were not given, the total death rate in persons taking the treatment would be 0.8 per cent, one-third of which would be due either to delayed treatment or to too short incubation periods to permit of immunization.